ISSUE SLIP STADLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE	
FEE DETERMINATION	T-G	A 1.	7/30/01	
O.I.P.E. CLASSIFIER		CZA.	B/4	
FORMALITY REVIEW	TA	361115	9.6.01	
RESPONSE FORMALITY REVIEW			1.	

INDEX OF CLAIMS

~	Rejected	N	Non-elected
=	Allowed	- 1	Interference
_	(Through numeral) Canceled	Α	Appeal
÷	Restricted	0	Objected

Restricted 0									
Claim Date	Claim	Date	Clair	m Date					
#inal Driginal 1-7-03 1-7-	Final Original		Final						
	51			01					
2 1 / 7	52			02					
31///	53			03					
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 	56			06 07					
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions staple additional sheet here

(LEFT INSIDE)

166-70583 00/06/01